PTORBEST (1-4.
Approved for see through 11800s; 10) principles (1-4.
Approved for see through 11800s; I hereby revoke all previous powers of altomay given in the application identified in the attached statement under 37 CFR 3.78(b). I hereby appoint: | X | Practitioners associated with the Customer Number: 25096 nors are to be named, then a customer number must be used): Practitioner(s) named below (if more than ton patent practition Namo as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Tradement Office (USPTO) in consection with any and all patent applications essigned girlt to the undersigned appointing to the USPTO assignment sports or assignment documents askended to the form is accordance MRS OFER X-2016. Please change the correspondence address for the application identified in the stached statement under 37 CFR 3.73(a) to: 25096 X The address associated with Customer Number: Firm or Individual Name Address Country Assignee Name and Address: Wakisoni investments PA, L.L.C. 2711 Centerville Rd., Suite 400 Wilmington, Delaware 19808 A copy of this form, together with a statement under \$7 GFR 2.73(b) (Form PYO/BBIRS or equivale filled in each application in which this forms is used. The statement under \$7 GFR 2.73(b) may be the practitioners appointed in this form if the application practice is supplicated to act on behalf and must form the application in which this Power of Attoroxy is to be filled.

SIGNATURE of Assignes of Record type and side is supplied below is sufferized to set on behalf of the assignee

Telephone 3.06-09

Melissa Coleman

Authorized Person for Waklsoni Investments PA, L.L.C.

Signature

Title